

American
Hospital
Association

1988 Annual Survey of Hospitals

Please return to:
American Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

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GENERAL INSTRUCTIONS

Two copies of the Annual Survey questionnaire are enclosed. Please return one completed copy to the American Hospital Association in the enclosed envelope. Federal hospitals, other than Veterans Administration hospitals, should forward this copy to their central agency, which will send it to the American Hospital Association. Those hospitals where the state hospital association has special arrangements with the American Hospital Association should return their completed surveys as directed by their state hospital association. The second copy should be completed and retained in your files for reference. All hospitals are asked to forward a photocopy of the completed questionnaire to their state hospital association.

Report utilization, revenue, expenses, and capital expenditures for a full 12-month period, preferably the period ending September 30, 1988. **If you prefer, you may use your fiscal year as the reporting period.** When using the fiscal year, report personnel data as of September 30, 1988, regardless of the end of the reporting period.

Make an entry for every item on the form. Enter "NA" only if data is not available. Enter "0" if zero is appropriate.

**AMERICAN HOSPITAL ASSOCIATION
INSTRUCTIONS AND DEFINITIONS
FOR
ANNUAL SURVEY OF HOSPITALS 1988**

HOSPITAL. For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical

**SECTION A
REPORTING PERIOD
Instructions**

Record the beginning and ending dates of the reporting period in a six-digit number; for example, January 1, 1988, should be shown as 01/01/88. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 366 days, utilization and finances should be presented for days reported only.

**SECTION B
ORGANIZATIONAL STRUCTURE
Instructions and Definitions**

CONTROL
1 Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital

Government, nonfederal.

State. Controlled by an agency of state government.

County. Controlled by an agency of county government

City. Controlled by an agency of municipal government

City-County. Controlled jointly by agencies of municipal and county governments.

Hospital district or authority. Controlled by a political subdivision of a state, county or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions

Nongovernment, not-for-profit. Hospitals controlled by not-for-profit organizations, including religious organizations (Catholic hospitals, for example), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, and so forth

Investor-owned, for-profit. Hospitals controlled on a for-profit basis by an individual, partnership, or a profit-making corporation

Government, federal. Hospitals controlled by an agency or department of the federal government

SERVICE
2 Indicate the ONE category that best describes the type of service that your hospital provides to the majority of admissions

General medical and surgical. Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical

Hospital unit of an institution. Provides diagnostic and therapeutic services to patients in an institution

Hospital unit within an institution for the mentally retarded. Provides diagnostic and therapeutic services to patients in an institution for the mentally retarded

Psychiatric. Provides diagnostic and therapeutic services to patients with mental or emotional disorders.

Tuberculosis and other respiratory diseases. Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases

Obstetrics and gynecology. Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.

Eye, ear, nose and throat. Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat

Rehabilitation. Provides a comprehensive array of restoration services for the disabled and all support services necessary to help them attain their maximum functional capacity.

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints

Chronic disease. Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes

Institution for the mentally retarded. Provides health related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit

Alcoholism and other chemical dependency. Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies

OTHER
4 a **Health maintenance organization (HMO).** An organization that has management responsibility for providing comprehensive health care services on a prepayment basis to voluntarily enrolled persons within a designated population

b **Preferred provider organization (PPO).** A formal arrangement whereby the services of a select panel of health care providers are marketed on the basis of cost efficiency to purchasers, for which payment is on a prospectively negotiated, predominately fee-for-service basis, and in which subscribers have an economic incentive to use the select panel

5 **Healthcare system.** A corporate body that may own and/or manage health provider facilities or health related subsidiaries as well as non-health related facilities that are either freestanding facilities or subsidiary corporations

6 **Holding company.** Any company, incorporated or unincorporated, that is in a position to control or materially influence the management of one or more other companies by virtue of its ownership of securities and/or its right to appoint directors in the other company of companies

7 **Subsidiary.** A company that is wholly controlled by another or one that is more than 50% owned by another organization

8 **Contract managed.** General day to day management of an entire organization by another organization, under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities

9 **Alliance.** A formal organization, usually owned by shareholder/members that works on behalf of its individual members in the provision of services and products and in the promotion of activities and ventures. Examples of alliances: Voluntary Hospitals of America, Consolidated Catholic Health Care and American HealthCare System

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AMERICAN HOSPITAL ASSOCIATION

PLEASE REFER TO THE INSTRUCTIONS AND DEFINITIONS

A. REPORTING PERIOD

Report data for a full 12-month period, preferably October 1, 1987 through September 30, 1988 (366 days) (Use the same reporting period for data reported in sections D, E and F)

- 1 Indicate period used: Beginning date MONTH DAY YEAR
 Ending date MONTH DAY YEAR
- 2 Were you in operation 12 full months at the end of your reporting period? YES NO
- Number of days open during reporting period
3. Indicate the beginning of your current fiscal year MONTH DAY YEAR

B. ORGANIZATIONAL STRUCTURE

CONTROL

1 Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital CHECK ONLY ONE

Government, nonfederal

- 12 State
 13 County
 14 City
 15 City-County
 16 Hospital district or authority

Nongovernment, not-for-profit

- 21 Church-operated
 23 Other not-for-profit

Investor-owned, for-profit

- 31 Individual
 32 Partnership
 33 Corporation

Government, federal

- 41 Air Force
 42 Army
 43 Navy
 44 Public Health Service

- 45 Veterans Administration
 46 Federal other than 41-45 or 47-48
 47 PHS Indian Service
 48 Department of Justice

SERVICE

2 Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:

- | | |
|---|--|
| <input type="checkbox"/> 10 General medical and surgical | <input type="checkbox"/> 45 Eye, ear, nose, and throat |
| <input type="checkbox"/> 11 Hospital unit of an institution
(prison hospital, college infirmary) | <input type="checkbox"/> 46 Rehabilitation |
| <input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded | <input type="checkbox"/> 47 Orthopedic |
| <input type="checkbox"/> 22 Psychiatric | <input type="checkbox"/> 48 Chronic disease |
| <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases | <input type="checkbox"/> 62 Institution for mentally retarded |
| <input type="checkbox"/> 44 Obstetrics and gynecology | <input type="checkbox"/> 82 Alcoholism and other chemical dependency |
| | <input type="checkbox"/> 49 Other—specify treatment area _____ |

3 Does your hospital restrict admissions primarily to children? YES NO

OTHER

4 Does your hospital have a formal written contract with:
 a Health maintenance organization (HMO) that specifies the obligations of each party YES NO

b Preferred provider organization (PPO) that specifies the obligations of each party YES NO

5 Is the hospital part of a healthcare system? YES NO

If yes, please provide the name, city and state of the system headquarters

Name: _____

City: _____

State: _____

6 Is the hospital a division or subsidiary of a holding company? YES NO

7. Does the hospital itself operate subsidiary corporations? YES NO

8 Is the hospital contract managed? YES NO

If yes, please provide the name, city and state of the organization that manages the hospital

Name: _____

City: _____

State: _____

9 Is the hospital a member of an alliance? YES NO

If yes, please provide the name(s), city and state of the alliance headquarters

Name: _____

City: _____

State: _____

**SECTION C
FACILITIES AND SERVICES
Definitions**

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C FACILITIES AND SERVICES

- 1a. **General inpatient care for AIDS/ARC.** Inpatient diagnosis and treatment have been provided for AIDS/ARC patients, but dedicated unit not provided
- 1b. **AIDS/ARC unit.** Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for AIDS/ARC patients and their families
- 1c. **Specialized outpatient program for AIDS/ARC.** Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling for AIDS/ARC patients and their families
- 1d. **HIV testing.** Service providing blood and laboratory testing to detect the presence of the HIV virus
2. **Alcoholism/chemical dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency
3. **Birth room/Labor, delivery, recovery room (LDR room).** Combination labor and delivery unit with home like setting for parents who have completed specified childbirth courses and wish to participate jointly in the birth of their child
4. **Chronic obstructive pulmonary disease services.** Services provided for the treatment of disorders such as asthma, chronic bronchitis, and emphysema which are marked by persistent obstruction of bronchial air flow
- 5a. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care **Must be available 24 hours a day.**
- 5b. **Certified trauma center.** State certified facility that provides emergency and specialized intensive care to critically ill and injured patients
6. **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones
7. **Fitness center.** Provides exercise, testing or evaluation programs and fitness activities to the community and hospital employees
8. **Genetic counseling/screening.** A service equipped with adequate laboratory facilities and directed by a qualified physician to advise parents and prospective parents on potential problems in cases of genetic defects. Service provides antenatal diagnosis including amniocentesis, chorionic villi sampling, fetal blood sampling and MRI imaging. Service shall have appropriate ultrasound evaluation capacity.
- 9a. **Adult day care program.** Program providing health, recreation, and/or social services to older adults during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services
- 9b. **Alzheimer's diagnostic/assessment services.** Specially organized program to diagnose and evaluate people suspected of having Alzheimer's disease. Includes the assessment of medical, social and behavioral conditions and development of a treatment plan addressing family preferences and financial options as well as medical concerns
- 9c. **Comprehensive geriatric assessment.** Diagnostic and evaluation services that determine elderly patients' long-term care needs. Includes the assessment of medical conditions, functional activities, mental and emotional conditions, and incorporates these into a treatment plan incorporating family and financial concerns as well as medical needs
- 9d. **Emergency response.** A program for disabled elderly individuals whereby subscribers have an emergency response unit attached to their telephone, linking them to the hospital emergency department, and can automatically call for help by pressing a button
- 9e. **Geriatric acute care unit.** Provides acute care to elderly patients in specially designed medical and surgical units. Care is provided by a multi-disciplinary team trained in geriatrics. Unit may also offer architectural modifications to accommodate the special needs of older adults.
- 9f. **Geriatric clinics.** Special medical or surgical clinics providing services targeted to older adults such as arthritis, primary geriatric and podiatric clinics
- 9g. **Respite care.** Facilities and services that provide for short-term placement of individuals to help meet family emergencies, planned absences (such as vacations or hospitalization), or to allow the family caregivers to shop or do errands
- 9h. **Senior membership program.** A senior enrollment program which offers older adults service benefits such as information, claims assistance, education and senior wellness programs, and discounts for other hospital services. May or may not charge an application fee
10. **Health promotion.** Education and/or other supportive services that are planned and coordinated by the hospital and that will assist individuals or groups to adopt healthy behaviors and/or reduce health risks, increase self-care skills, improve management of common minor ailments, use health care services effectively, and/or improve understanding of medical procedures and therapeutic regimens
- 10a. **Patient education.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures and self care
- 10b. **Community health promotion.** Similar to 10a, but for individuals in the community, not within a place of employment or as a patient
- 10c. **Worksite health promotion.** Similar to 10a, but for employees of a company implemented by the hospital and sponsored by their employer.
11. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis
12. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home
13. **Hospice.** A program providing palliative care, chiefly medical relief of pain and supportive services, to terminally ill patients and assistance to their families in adjusting to the patient's illness and death
- 14a. **Histopathology laboratory.** A laboratory in which tissue specimens are examined by a qualified pathologist
- 14b. **Blood bank.** A medical facility with the responsibility for all of the following: blood procurement, drawing, processing, and distribution
- 15a. **Medicare-certified distinct part skilled nursing unit.** Also known as a "hospital-based skilled nursing unit"; refers to a skilled nursing unit that is located as a distinct unit within the hospital, is owned and operated by the hospital, and that meets Medicare certification criteria
- 15b. **Other skilled nursing care.** Refers to care provided in a hospital owned skilled nursing facility (other than distinct part unit) which provides non-acute medical and nursing services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis
16. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment
17. **Organized outpatient services.** Health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery; examination, diagnosis and treatment of a variety of medical conditions on a nonemergency basis; and laboratory and other diagnostic testing as ordered by staff or outside physician referral
18. **Organized social work services.** Services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination

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C. FACILITIES AND SERVICES

For each service or facility listed below, please check all those provided by your hospital as of the last day of the reporting period. If a service is not maintained in the hospital but is available through a FORMAL CONTRACTUAL arrangement with another hospital or provider (include joint ventures), please check column (2)

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1	Acquired immune-deficiency syndrome (AIDS) services:		
a	General inpatient care for AIDS/ARC	<input type="checkbox"/>	<input type="checkbox"/>
b	AIDS/ARC unit	<input type="checkbox"/>	<input type="checkbox"/>
c	Specialized outpatient program for AIDS/ARC	<input type="checkbox"/>	<input type="checkbox"/>
d	HIV testing	<input type="checkbox"/>	<input type="checkbox"/>
2	Alcoholism/chemical dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
3	Birth room/Labor, delivery, recovery room (LDR room)	<input type="checkbox"/>	<input type="checkbox"/>
4	Chronic obstructive pulmonary disease services	<input type="checkbox"/>	<input type="checkbox"/>
5	Emergency services:		
a	Emergency department	<input type="checkbox"/>	<input type="checkbox"/>
b	Certified trauma center	<input type="checkbox"/>	<input type="checkbox"/>
6	Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>
7	Fitness center	<input type="checkbox"/>	<input type="checkbox"/>
8	Genetic counseling/screening	<input type="checkbox"/>	<input type="checkbox"/>
9	Geriatric services:		
a	Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>
b	Alzheimer's diagnostic/assessment services	<input type="checkbox"/>	<input type="checkbox"/>
c	Comprehensive geriatric assessment	<input type="checkbox"/>	<input type="checkbox"/>
d	Emergency response	<input type="checkbox"/>	<input type="checkbox"/>
e	Geriatric acute care unit	<input type="checkbox"/>	<input type="checkbox"/>
f	Geriatric clinics	<input type="checkbox"/>	<input type="checkbox"/>
g	Respite care	<input type="checkbox"/>	<input type="checkbox"/>
h	Senior membership program	<input type="checkbox"/>	<input type="checkbox"/>
10	Health promotion:		
a	Patient education	<input type="checkbox"/>	<input type="checkbox"/>
b	Community health promotion	<input type="checkbox"/>	<input type="checkbox"/>
c	Worksite health promotion	<input type="checkbox"/>	<input type="checkbox"/>
11	Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>
12	Home Health services	<input type="checkbox"/>	<input type="checkbox"/>
13	Hospice	<input type="checkbox"/>	<input type="checkbox"/>
14	Laboratory services:		
a	Histopathology	<input type="checkbox"/>	<input type="checkbox"/>
b	Blood bank	<input type="checkbox"/>	<input type="checkbox"/>
15	Long-term care services:		
a	Medicare-certified distinct-part skilled nursing unit	<input type="checkbox"/>	<input type="checkbox"/>
b	Other skilled nursing care	<input type="checkbox"/>	<input type="checkbox"/>
16	Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>
17	Organized outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
18	Organized social work services	<input type="checkbox"/>	<input type="checkbox"/>

C. FACILITIES AND SERVICES

- 19a. Psychiatric child/adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment
- 19b. Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients
- 19c. Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns
- 19d. Psychiatric emergency services.** Services or facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress
- 19e. Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment.
- 19f. Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients
- 19g. Psychiatric partial hospitalization program.** Organized hospital facilities and services for day care and/or night care of psychiatric patients who do not require inpatient care 24 hours a day
- 20a. Megavoltage radiation therapy.** The use of specialized equipment in the supervoltage and megavoltage (above 1 million volts) ranges for deep therapy treatment of cancer. Includes cobalt units, linear accelerators with or without electron beam therapy capability, betatrons, and Van de Graff machines
- 20b. Radioactive implants.** The use of radioactive material (radium, cobalt-60, cesium-137, or iridium-192 implants) for the treatment of malignancies
- 20c. Therapeutic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) for the treatment of malignancies
- 20d. X-ray radiation therapy.** The treatment of disease by Roentgen rays or other radiant energy, with the exception of radium, cobalt, or radioisotopes
- 21a. CT scanner.** Computed tomographic scanner for head or whole body scans
- 21b. Diagnostic radioisotope facility.** The use of radioactive isotopes (radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease
- 21c. Diagnostic X-ray.** The use of X-rays to provide a basic source of information regarding the structure of internal body systems
- 21d. Magnetic resonance imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound
- 21e. Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures
- 22. Rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social and/or vocational services to help disabled persons attain or retain their maximum functional capacity
- 23a. Fertility counseling.** A service which counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children
- 23b. In vitro fertilization.** Program providing for the induction of fertilization of a surgically removed ovum by donated sperm in a culture medium followed by a short incubation period. The embryo is then reimplanted in the female womb.
- 23c. Sterilization.** A service with capacity to perform total occlusion or ligation as appropriate for women and vasectomy for men
- 24. Sports medicine clinic/services.** Provision of diagnostic screening and assessment, clinical and rehabilitation services for the prevention and treatment of sports related injuries
- 25a. Hospital auxiliary.** A volunteer community organization formed to assist the institution in carrying out its purpose and to serve as a link between the institution and the community
- 25b. Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services
- 25c. Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution
- 26a. Outpatient surgery.** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility
- 26b. Cardiac catheterization laboratory.** Facilities offering special diagnostic procedures for cardiac patients. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery or by direct needle puncture. Procedures must be performed in a laboratory or a special procedure room
- 26c. Organ/tissue transplant services.** Service offering specially trained and equipped staff qualified to perform the surgical removal of viable human tissue or organs from either a living donor or a deceased person immediately after death, and the surgical grafting of the tissue or organ into a suitably evaluated and prepared patient
- 26d. Open-heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and the necessary staff to perform the surgery.
- 27a. Occupational therapy.** Facilities for the provision of occupational therapy services prescribed by physicians and administered by or under the direction of, a qualified occupational therapist.
- 27b. Physical therapy.** Facilities for the provision of physical therapy services prescribed by physicians and administered by, or under the direction of a qualified physical therapist
- 27c. Recreational therapy.** Facilities for the provision of recreational therapy services prescribed by physicians and administered by or under the direction of a qualified recreational therapist
- 27d. Respiratory therapy.** The equipment and staff necessary for the administration of oxygen and certain potent drugs through inhalation or positive pressure
- 27e. Speech pathology.** Service providing evaluation and treatment to inpatients or outpatients with speech and language disorders
- 28. Women's center.** An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB

C. FACILITIES AND SERVICES (continued)

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19. Psychiatric services:	<input type="checkbox"/>	<input type="checkbox"/>
a. Psychiatric child/adolescent services	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program	<input type="checkbox"/>	<input type="checkbox"/>
20. Radiation therapy:	<input type="checkbox"/>	<input type="checkbox"/>
a. Megavoltage radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
b. Radioactive implants	<input type="checkbox"/>	<input type="checkbox"/>
c. Therapeutic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>
d. X-ray radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>
21. Radiology, diagnostic:	<input type="checkbox"/>	<input type="checkbox"/>
a. CT scanner	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Diagnostic x-ray	<input type="checkbox"/>	<input type="checkbox"/>
d. Magnetic resonance imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>
e. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>
22. Rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>
23. Reproductive health:	<input type="checkbox"/>	<input type="checkbox"/>
a. Fertility counseling	<input type="checkbox"/>	<input type="checkbox"/>
b. In vitro fertilization	<input type="checkbox"/>	<input type="checkbox"/>
c. Sterilization	<input type="checkbox"/>	<input type="checkbox"/>
24. Sports medicine clinic/services	<input type="checkbox"/>	<input type="checkbox"/>
25. Supplementary patient assistance:	<input type="checkbox"/>	<input type="checkbox"/>
a. Hospital auxiliary	<input type="checkbox"/>	<input type="checkbox"/>
b. Patient representative services	<input type="checkbox"/>	<input type="checkbox"/>
c. Volunteer services department	<input type="checkbox"/>	<input type="checkbox"/>
26. Surgical services:	<input type="checkbox"/>	<input type="checkbox"/>
a. Outpatient surgery	<input type="checkbox"/>	<input type="checkbox"/>
b. Cardiac catheterization laboratory	<input type="checkbox"/>	<input type="checkbox"/>
c. Organ/tissue transplant	<input type="checkbox"/>	<input type="checkbox"/>
d. Open-heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
27. Therapy services:	<input type="checkbox"/>	<input type="checkbox"/>
a. Occupational therapy	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>
c. Recreational therapy	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory therapy	<input type="checkbox"/>	<input type="checkbox"/>
e. Speech therapy	<input type="checkbox"/>	<input type="checkbox"/>
28. Women's center	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D
BEDS AND UTILIZATION BY INPATIENT SERVICE
Instructions and Definitions

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Account for all adult and pediatric inpatient beds set up and staffed for use at the end of the reporting period. List beds for a particular service area only if a unit is specifically designated for the service area. Do not include normal newborn bassinets.

TOTAL FACILITY (line 25) beds set up and staffed for use and (line 27) inpatient days should equal beds and inpatient days reported under **E2c and E2e**. Do not count beds more than once. Please list data under the appropriate service area only if a specific ward, wing, floor, or other unit has been designated exclusively for that service. For example, if pediatric inpatients are lodged in the same units as adults, separate bed and utilization data should not be reported for pediatric patients. If obstetric, rehabilitation, or other patients are placed in general medical and surgical units, no separate data for these service areas should be reported. Similarly, if alcoholism/chemical dependency patients are treated in psychiatric inpatient units, utilization data for these patients should be included as part of the psychiatric unit.

If ACTUAL UTILIZATION DATA by unit cannot be readily obtained, please provide ESTIMATES for service area utilization.

BEDS SET UP AND STAFFED. The number of beds at the end of the reporting period that are staffed and ready for use

- 3 **OBSTETRIC CARE UNIT.** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full time maternal fetal specialist
- 9 **NEONATAL INTENSIVE CARE UNIT.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery and special care for the sickest infants born in hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
- 10 **NEONATAL INTERMEDIATE CARE.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
- 12 **BURN CARE.** Provides care to severely burned patients. Severely burned patients are those with any of the following: 1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; 2) third-degree burns of more than 10% total body surface area; 3) any severe burns of the hands, face, eyes, ears, or feet; or 4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
- 13 **OTHER SPECIAL CARE.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down, or progressive care units.
- 21 **SKILLED NURSING CARE.** Provides non-acute medical and nursing care services, therapy and social services under the supervision of a licensed registered nurse on a 24-hour basis.
- 23 **RESIDENTIAL CARE/ELDERLY HOUSING.** The provision of residential services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living. Includes sheltered care facilities for developmentally disabled or long term psychiatric patients as well as elderly housing.
- 26 **SWING BEDS.** A licensed acute care bed that has been designated by a hospital to provide either acute or long-term care services. The beds should meet the following conditions under section 1883,b1 of the Social Security Act:
 - 1) A hospital must be located in a "rural" area
 - 2) A hospital must have less than 100 acute care beds
 - 3) When applicable, a hospital must receive a certificate-of-need (CON) for the provision of long-term services from its state health planning and development agency

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D. BEDS AND UTILIZATION BY INPATIENT SERVICE

Account for all adult and pediatric inpatient beds set up and staffed for use at the end of the reporting period. Do not include normal newborn bassinets. List beds for a particular service area only if a unit is specifically designated for the service area. Hospitals providing skilled nursing and other institutional care services (including services in 21-23 below) and reported in sections E and F should list the beds contained in those units/facilities under the appropriate categories in this section

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**Beds Set Up
and Staffed
Last Day
of the
Reporting
Period
1988**

**Total
Inpatient Days
for
Reporting
Period
1988**

1. General medical/surgical (adult, include gynecology)	_____	_____
2. General medical/surgical (pediatric)	_____	_____
3. Obstetrics (indicate level of unit: _____) (See instructions section D)	_____	_____
4. Psychiatric, acute care	_____	_____
5. Alcoholism/chemical dependency, acute care	_____	_____
6. Other acute (Specify type: _____)	_____	_____
7. Medical/surgical intensive care (Include mixed ICU/CCU)	_____	_____
8. Cardiac intensive care	_____	_____
9. Neonatal intensive care	_____	_____
10. Neonatal intermediate care	_____	_____
11. Pediatric intensive care	_____	_____
12. Burne care	_____	_____
13. Other special care	_____	_____
14. Other intensive care (Specify type: _____)	_____	_____
15. Rehabilitation	_____	_____
16. Chronic disease	_____	_____
17. Hospice	_____	_____
18. Psychiatric long-term care	_____	_____
19. Alcoholism/chemical dependency, subacute care	_____	_____
20. Mental retardation	_____	_____
21. Skilled nursing care	_____	_____
22. Intermediate care facility	_____	_____
23. Residential care/elderly housing	_____	_____
24. Other subacute (Specify type: _____)	_____	_____
25. TOTAL FACILITY (excluding swing bed utilization Add lines 1 to 24)	_____	_____
26. SWING-BEDS		

- a. Is your hospital certified by Medicare to provide swing bed services as defined on page 10? YES NO
- b. If YES, please report the total number of acute care beds designated by the hospital as swing beds (Please do not include beds for newborn or beds for intensive care units) _____
- c. Please report the number of admissions and inpatient days for the reporting period that the swing-beds (Medicare certified) were used in the provision of long-term care swing services

**(1)
Admissions**

**(2)
Inpatient
Days**

(1) Skilled nursing swing beds	_____	_____
(2) Intermediate care swing beds	_____	_____
27 TOTAL FACILITY INPATIENT DAY TOTAL (including swing bed utilization)	_____	_____

E. TOTAL FACILITY BEDS AND UTILIZATION

E. TO

- 1 a A significant temporary change occurs when beds are temporarily out of use and not included in the bed count; it is not considered a permanent change. Report in a six-digit number, the date(s) when bed change(s) occurred; for example, January 7, 1988, should be shown as 01/07/88. If there have been more than two changes during the reporting period, please report all changes on a separate sheet of paper.
- 2 a Information pertaining to nursing home type units/facilities that provide non-acute medical and nursing services and are owned and operated by the hospital should be included if the following conditions are met:
 - (1) Hospital and nursing home-type unit/facility are governed by a common governing board
 - (2) Hospital and nursing home-type unit/facility must file a common cost report
 - (3) The nursing home-type unit/facility must be integrated with the hospital utilizing the same ancillary and other services as the hospital.
 - (4) The nursing home-type unit/facility must be part of, but distinct from the acute care beds in the hospital facility

If above criteria are not met, no information related to a nursing home type unit/facility should appear on the questionnaire

For purposes of this survey, nursing home-type unit is a unit/facility that offers primarily only the following type of services to the majority of all admissions:

Skilled nursing: The provision of medical and nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis in a residential setting

Intermediate care: The provision, on a regular basis, of therapy care and services to persons who do not require the degree of care or treatment that a skilled nursing unit is designed to provide

Residential care/elderly housing: The provision of residential services for those who do not require daily nursing or medical services, but may require some assistance in activities of daily living. Category may include sheltered care facilities for the developmentally disabled or long-term psychiatric patients as well as elderly housing
- b-h All hospitals should fill out column 1, TOTAL FACILITY STATISTICS. A combination facility that includes a hospital and nursing home-type unit/facility should give breakdowns for these units in columns 2 and 3. Include unit transfers in admission and discharge counts for a unit/facility; exclude unit/facility transfers in admissions and discharges reported for the total facility
- c Report the number of adult and pediatric beds regularly available (those set up and staffed for use) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, postanesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital. Any discrepancies between total beds reported in 1987 should be accounted for in E1b. Be sure to include data for the nursing home-type unit/facility in the financial and personnel sections, as instructions for these sections indicate
- d Include the number of adult and pediatric admissions only (exclude births and unit transfers). This figure should include all patients admitted during the reporting period. The sum of admissions for the units can be greater than the total reported for the entire facility because of interward transfers
- e Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Inpatient day of care (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day. For interward transfers between the hospital and nursing home unit/facility, report inpatient days only for the time spent in each unit/facility.
- f Report the number of adult and pediatric discharges only (exclude interward transfers). This figure should include all patients discharged during the reporting period. The sum of discharges for the units can be greater than the total reported for the entire facility because of interward transfers
- g Report the total number of patient days of care rendered to patients discharged during the reporting period; include days of care rendered to those patients prior to the beginning of the reporting period. Do not report discharge days for patients transferred between the hospital and nursing home unit/facility, except for those patients discharged from the institution following transfer. In this case, report discharge days for both units according to the days of care rendered in each unit
- 4 a Record the number of normal newborn bassinets. DO NOT include neonatal intensive or intermediate care bassinets. These should be reported on page 9, D9 and D10 and on page 11, E2b and c
- c Report the number of inpatient days for normal newborn nursery. DO NOT include neonatal intensive or intermediate care inpatient days as these should be reported on page 9, D9 and D10, and on page 11, E2e.
- 5 Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room. For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone
- 6 An outpatient visit is a visit to each emergency or nonemergency outpatient service area by a person who is not lodged in the hospital overnight. Include in the visit count each appearance of an outpatient in each emergency or nonemergency outpatient service area. Do not include the number of diagnostic and/or therapeutic **treatments** the patient received in the ancillary departments
 - a Emergency visits should reflect total number of patients seen in an emergency unit
 - b Other visits should reflect the number of scheduled or unscheduled visits to outpatient service areas other than the emergency room. Include physician referrals and outpatient surgeries. DO NOT INCLUDE OCCASIONS OF SERVICE (Note: an occasion of service is each test, examination, treatment, or procedure rendered to an outpatient in ancillary departments. For example: one other visit would be an outpatient receiving a blood test and an X-ray during a single appearance in the ancillary service area)

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E. TOTAL FACILITY BEDS AND UTILIZATION

All statistics reported in D, E and F must be CONSISTENT For example, all data in section E must be reflected in section D and vice versa

1 BED CHANGES ADULT, PEDIATRIC AND NEONATAL BEDS

a. Was there a significant temporary or permanent change in the total number of adult, pediatric, and neonatal beds set up and staffed during the reporting period? YES NO

b. If YES, give beds added or withdrawn (show increase by + and decrease by -) and dates of change. If more than two changes occurred during the reporting period, please report all changes on a separate sheet of paper

(1) Bed change (+ or -): _____
 Date:
MONTH DAY YEAR

(2) Bed change (+ or -): _____
 Date:
MONTH DAY YEAR

2 ADULT, PEDIATRIC, AND NEONATAL BEDS AND UTILIZATION (exclude newborn nursery, include neonatal, intensive and intermediate care units):

a. Does your hospital maintain a separate nursing home type of long-term care unit/facility? (Please refer to the instructions and definitions for section E) YES NO

If NO, report total facility statistics only in column (1) below

If YES, report data for both the hospital and nursing home units/facility in columns (2) and (3) below, in addition to total facility statistics in column (1)

***Because of unit transfers, column (1) may be less than the sum of columns (2) and (3)**

	(1) Total Facility	(2) Hospital	(3) Nursing Home- Type Unit/Facility
--	--------------------------	-----------------	--

b. Licensed bed capacity The maximum number of beds authorized by state licensing (certifying) agency. If state does not regulate number, please report "NONE" _____

c. Beds set up and staffed for use at the end of the reporting period (include neonatal & swing beds) _____

d. Admissions (exclude newborns, include neonatal & swing admissions)* _____

e. Inpatient days (exclude newborns, include neonatal & swing days) _____

f. Discharges (exclude newborns, include neonatal, swing discharges & deaths)* _____

g. Discharge days (exclude newborns, include neonatal, swing days & deaths) _____

h. Census (number of inpatients occupying beds on the last day of reporting period. Exclude newborn & include neonatal) _____

3 MEDICARE/MEDICAID UTILIZATION

a. Total Medicare (Title XVIII) inpatient discharges* _____

b. Total Medicare (Title XVIII) inpatient days _____

c. Total Medicaid (Title XIX) inpatient discharges* _____

d. Total Medicaid (Title XIX) inpatient days _____

4 NEWBORN NURSERY

a. Number of bassinets set up and staffed for use at the end of the reporting period (exclude pediatric and neonatal beds listed on page 9) _____

b. Total births (exclude fetal deaths) _____

c. Newborn days (exclude neonatal listed on page 9) _____

5 SURGICAL OPERATIONS, whether major or minor:

a. Inpatient _____

b. Outpatient _____

c. TOTAL _____

6 OUTPATIENT VISITS

Please record the number of outpatient visits for each of the categories below. Do not report occasions of service in any category. Visits

a. Emergency _____

b. Other _____

c. Total _____

**SECTION F
FINANCIAL DATA
Instructions and Definitions**

F. FIN

All questions on finances are based on AICPA's **Hospital Audit Guide**. If ACTUAL FIGURES ARE NOT AVAILABLE, PLEASE ESTIMATE. DO NOT use "NA" to designate "not available"; ENTER "0" WHEREVER APPROPRIATE

All hospitals should fill out column (1) TOTAL FACILITY STATISTICS. A combination facility that includes a hospital and a nursing home-type unit/facility should give breakdowns for these units in columns (2) and (3). (Please refer to Section D and Section E2a, Instructions and Definitions, before completing columns (2) and (3).)

1. REVENUE

Revenue. The hospital's full established rates for all hospital services rendered to patients, plus other operating revenue and nonoperating revenue.

All hospitals should fill in this section, including nonfederal government hospitals that are not obligated to operate on the basis of patient revenue. If possible, an estimated breakdown should be made for revenue from inpatients and outpatients. If not possible, enter the total gross revenue on line F1c.

Report only revenues for the current reporting period as designated in Section A1. Do not report adjustments to revenues carried over from previous years.

f Other operating revenue. Revenue from nonpatient care services to patients, plus sales and activities to persons other than patients that are normally part of the day-to-day operation of a hospital. Includes, but is not limited to, revenue from educational programs, cafeteria sales, and gift shop sales.

g Nonoperating revenue. Includes contributions, grants and interest income. Excludes revenue derived from patient care, which is reported on lines F1a through e and nonpatient revenue derived from normal, day-to-day hospital operation, which is reported on line F1f(3). Negative numbers should not be reported in this section. DO NOT include losses or expenses. Nonoperating expenses should be reported on page 13, section F2c.

2. EXPENSES

Include all expired costs for goods and services that have been used or consumed in carrying on some activity during the reporting period and from which no benefit will extend beyond the present.

a PAYROLL EXPENSES

Report salaries for all full-time and part-time personnel in section G, Personnel.

(1) **Trainees.** Include persons who have not completed the necessary requirements for certification or met the qualifications required for full salary under the related title.

(3) **Total payroll.** Compare figures with last year's statistics on payroll expenses; explain major discrepancies.

b NONPAYROLL OPERATING EXPENSES

(3) **Depreciation expense.** Report only depreciation expense applicable to the reporting period.

(4) **Interest expense.** Report interest expenses for the reporting period only.

(6) **All other operating expenses.** Include expenses for supplies, expenses for purchased services, utilities, and any other expenses not included in the above categories.

c NONPAYROLL NONOPERATING EXPENSES

Includes state and federal corporate income and real estate taxes, if applicable, as well as all other expenses not directly related to patient care or hospital-related patient services.

d TOTAL EXPENSES

Compare figures with last year's statistics on total expenses and explain major discrepancies. Also, compare total expense with total revenue reported.

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F. FINANCIAL DATA

All institutions fill out:

Fill out only if hospital has separate units for nursing home type of long-term care:

	(1) Total Facility Statistics	(2) Hospital	(3) Nursing Home-Type Unit/Facility
1. REVENUE** (for reporting period only. Do not include revenue related losses; if actual figures are not available, please estimate; round to the nearest dollar)			
a GROSS REVENUE from service to INPATIENTS (based on full established rates)	.00	.00	
b GROSS REVENUE from service to OUTPATIENTS (based on full established rates)	.00	.00	
c TOTAL GROSS revenue from service to PATIENTS (ADD 1a + 1b)	.00	.00	.00
d DEDUCTIONS FROM REVENUE:			
(1) Medicare contractual adjustments	.00	.00	
(2) Medicaid contractual adjustments	.00	.00	
(3) Other government contractual adjustments	.00	.00	
(4) Nongovernment contractual adjustments	.00	.00	
(5) Bad debts	.00	.00	
(6) Charity	.00	.00	
(7) Other deductions	.00	.00	
(8) Total deductions (add 1d(1) through 1d(7))	.00	.00	
e TOTAL NET revenue from service to Patients (subtract 1d(8) from 1c)	.00	.00	.00
f OTHER OPERATING REVENUE			
(1) Tax appropriations	.00	.00	
(2) Other (include cafeteria, gift shop, etc)	.00	.00	
(3) TOTAL OTHER OPERATING REVENUE (1f(1) + 1f(2))	.00	.00	
g TOTAL NONREPORTING REVENUE (include contributions, grants, interest income) (No negative numbers! Losses or expenses should be reported in F2c)	.00	.00	
h TOTAL REVENUE (add 1e + 1f(3) + g)	.00	.00	.00
2. EXPENSES (for the reporting period only; if actual figures are not available, please estimate; round to the nearest dollar)			
a PAYROLL EXPENSES for all categories of personnel specified below: (see definitions page 14)			
(1) Medical and dental residents (include medical and dental interns) and trainees (medical technology, x-ray, therapy, and so forth)	.00	.00	
(2) All other personnel	.00	.00	
(3) TOTAL PAYROLL EXPENSES (add 2a(1) + 2a(2))	.00	.00	.00
b NONPAYROLL OPERATING EXPENSES:			
(1) Employee benefits (social security, group insurance, retirement benefits)	.00	.00	
(2) Professional fees (medical dental, legal, auditing, consultant, and so forth)	.00	.00	
(3) Depreciation expense (FOR REPORTING PERIOD ONLY)	.00	.00	
(4) Interest expense	.00	.00	
(5) All other operating expenses (include supplies, purchased services, utilities, etc)	.00	.00	
(6) TOTAL NONPAYROLL OPERATING EXPENSES (add 2b(1) through 2b(5))	.00	.00	.00
c TOTAL NONOPERATING EXPENSES (include income taxes, etc)	.00	.00	.00
d TOTAL EXPENSES (add 2a(3) + 2b(6) + 2c) (compare to total revenue)	.00	.00	.00
3. NET INCOME (Excess of Revenue over Expenses)**	.00	.00	.00

**This data will be treated as confidential and not released without written permission. AHA will however share this data with your respective state hospital association. The state association may not release this data without written permission from the hospital.

F. FINANCIAL DATA — Instructions and Definitions (Continued)

5. UNRESTRICTED FUNDS

a. ASSETS (Include all unrestricted funds)

Include all assets that are carried on the HOSPITAL'S balance sheet. DO NOT include funds from inter-corporate accounts. DO NOT report negative values except in cash.

(4) Actual or estimated value of the plant and/or equipment that is leased should be included

(4) Net plant and equipment assets equals gross assets less accumulated depreciation as reported in expenses, page 13, section F2b3

(5) Amounts due from restricted funds should be included here in other unrestricted assets

6. RESTRICTED FUNDS

Report fund balances (assets less liabilities) only

7. CAPITAL EXPENDITURES

b. A construction project is defined as a building project on which substantially complete general and specialty construction contracts are awarded for execution within a specified time for a stipulated sum of money. Total construction costs should include all costs associated with the project (e.g., equipment, land improvements, architect fees, etc.) Exclude projects refinanced in 1988 but begun in a previous year.

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F. FINANCIAL DATA (Continued)

4. SOURCES OF PATIENT REVENUE:**

Total
Facility
Gross

(1) Government	
(a) Medicare	_____ .00
(b) Medicaid	_____ .00
(c) Other	_____ .00
(d) Total government sources	_____ .00
(2) Nongovernment	
(a) Self-pay	_____ .00
(b) Third party payors (include Blue Cross)	_____ .00
(c) Other	_____ .00
(d) Total nongovernment sources	_____ .00
(3) Total sources of patient revenue 4(1d) + 4(2d) (total should equal line 1c on page 13)	_____ .00

5. UNRESTRICTED FUNDS**

1988
Unrestricted
Funds

a. ASSETS (include all unrestricted funds) recorded on the balance sheet at the end of the reporting period:	
(1) Current cash and short-term investments	_____ .00
(2) Net receivables (current receivables less uncollectables)	_____ .00
(3) Other current assets	_____ .00
(4) Net plant and equipment assets (include land, buildings, and equipment; include actual or estimated value of plant/equipment that is leased)	_____ .00
(5) Other unrestricted assets (include long-term investments)	_____ .00
(6) Total unrestricted assets (Add 5a(1) through 5 a(5))	_____ .00
b. LIABILITIES AND FUND BALANCE (include all unrestricted funds)	
(1) Current liabilities	_____ .00
(2) Long-term debt	_____ .00
(3) Other liabilities	_____ .00
(4) Unrestricted fund balance	_____ .00
(5) Total unrestricted liabilities and fund balance (add 5b(1) through 5b(4); should equal 5 a(6))	_____ .00
6. RESTRICTED FUNDS** (report fund balances only)	
a. Specific purpose (specify: _____)	_____ .00
b. Plant replacement and expansion	_____ .00
c. Endowment funds	_____ .00

7. CAPITAL EXPENDITURES

a. During the reporting period did the hospital acquire any new debt? YES NO

If yes please indicate total amount of new debt and the proportion for refinancing of existing debt **

Total new debt _____ .00

Percent of total for refinancing _____ %

b. During the reporting period did the hospital begin a construction project? YES NO

If yes please indicate total cost for the new project and the percentage of the total that is related to modernization of existing facilities **

Total construction _____ .00

Percent of total for modernization _____ %

**This data will be treated as confidential and not released without written permission. AHA will however share this data with your respective state hospital association. The state association may not release this data without written permission from the hospital.

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SECTION G
PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1988
Instructions and Definitions

Report the number of full-time and part-time personnel in the categories specified and as defined below who were on the hospital payroll as of September 30, 1988, EVEN IF YOUR REPORTING PERIOD ENDED ON A DIFFERENT DATE. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Personnel who work in more than one area should be included only in the category of their primary responsibility and should be counted only once. Include trainees if on the hospital payroll as of September 30, 1988. Include members of religious orders for whom dollar equivalents were reported.

Full-time personnel. Persons whose regularly scheduled work-week is 35 hours or more.

Part-time personnel. Persons whose regularly scheduled work-week is less than 35 hours.

- 1 b Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported under "Administration" (G1a). Exclude physicians and dentists who are paid on a fee basis.
- 2 Report the total number of trainees who were on the payroll as of September 30, 1988, and who were included in TOTAL HOSPITAL PERSONNEL, line G1r. A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under the related title. Exclude medical and dental residents and interns, as they are reported separately in lines G1b(2) and G1b(4).
- 5 Report total paid man-hours for the entire reporting period.

OCCUPATIONAL DEFINITIONS

Administrator and assistant administrators. The top level position in the facility, the person in charge of policy development, activity coordination, procedural development, and planning of the institution. Also includes persons who work under the supervision of the facility administrator as department administration assistants for the areas of finance, organization, personnel, purchasing, accounting, and voluntary services.

Registered nurses. Nurses who have graduated from approved schools of nursing and who are currently registered by a state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators.

Licensed practical or vocational nurses. Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.

Ancillary personnel. Persons who assist the nursing staff by performing routine duties in caring for patients under the direct supervision of a nurse, including nursing aids, orderlies, attendants, operating room technicians, and so forth.

Physician's assistants. Persons who provide health care services customarily performed by a physician under responsible supervision of that qualified licensed physician and who have successfully completed an accredited education program for physician's assistants that is approved by the Committee on Allied Health Education and Accreditation or other recognized accrediting agencies or who have been certified, licensed, or registered by recognized agencies or commissions.

Nurse practitioners. Registered nurses who have successfully completed a formal program of study designed to prepare registered nurses to provide primary health care through diagnosis, clinical judgment, and management abilities to restore, maintain, and improve the health status of patients.

Medical record administrators (medical record librarians). Persons who plan, design, develop, and manage systems of patient information, administrative and clinical statistical data, and patient medical records.

Medical record technicians. Persons who assist the medical record administrator and perform the technical tasks associated with the maintenance and use of medical records.

Pharmacists, licensed. Persons licensed within the state who are concerned with the preparation and distribution of medicinal products.

Pharmacy technicians. Persons who assist the pharmacist with selected activities, including medication profile reviews for drug incompatibilities, typing labels and prescription packaging, handling of purchase records, and inventory control.

Medical technologists (biochemistry technologist, blood technologist, microbiology technologist). Persons who perform a wide range of complex and specialized procedures in all general areas of the clinical laboratory, making independent and correlated judgments and working in conjunction with pathologists, physicians, and qualified scientists. They may supervise and/or teach laboratory personnel.

Other clinical laboratory personnel. Other laboratory personnel performing specified tasks requiring special training or experience. This includes medical laboratory scientists, cytotechnologists, histologic technicians, medical laboratory technicians, certified laboratory assistants, and other laboratory personnel performing specified tasks requiring special training or experience.

Dietitians. Persons who apply the principles of nutrition and management in administering institutional food service programs, planning special diets at the physician's request, and instructing individuals and groups in the application of nutrition principles to the selection of food.

Dietetic technicians. Persons who function as service personnel in the nutritional care of patients in health care facilities, assist with the planning, implementation, and evaluation of food programs, and work with both the food service supervisor and the dietitian.

Radiographers (radiologic technologists). Persons who accurately demonstrate anatomical structures on a radiograph by applying knowledge of anatomy, positioning, and radiographic technique. They recognize emergency patient conditions and initiate life-saving first aid. They may maintain equipment, process film, keep patient records, and perform various office tasks. Radiographers must be graduates of at least a two-year educational program.

Radiation therapy technologists. Persons who assist the radiologist in all aspects of radiation therapy treatment. They may expose specific areas of patient's body to prescribed doses of ionizing radiation and operate a variety of laboratory equipment, including high energy linear accelerators, radioactive isotopes, and particle generators. They must be graduates of a 12-month or 2-year program in radiation therapy.

Nuclear medicine technologists. Persons who work under the supervision of a physician in administering and measuring radioactive nucleotides in diagnostic and therapeutic applications. They must be graduates of a 12-month or longer educational program in nuclear medicine technology.

Other radiologic personnel. Persons with the following titles: ultrasound technologists/technicians, radiation monitors, health physics technicians, personnel monitors, radiation protectors, radiologic assistants, and x-ray assistants. Also included under this category are radiologic technicians, radiation therapy technicians, and nuclear medicine technicians. A technician is one who has not completed the educational requirements specified above for the technologist level of the respective occupational area.

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1988

1. HOSPITAL PERSONNEL BY OCCUPATIONAL CATEGORY

Report full-time and part-time personnel including trainees who were on the payroll as of SEPTEMBER 30, 1988 and whose payroll expenses are reported in F2a. If full-time and part-time are not available, please report full-time equivalent (FTE) personnel in column (1) and zero in column (2). For those hospitals that operate a nursing home-type unit/facility as reported in E2a, DO NOT INCLUDE NURSING HOME STAFF HERE. If there are staff positions that are shared between the hospital and nursing home-type unit/facility, please record these staff as part-time employees in each area. This means that one full-time employee would be counted as a part-time employee under the appropriate hospital occupational category and also as one part-time employee in total nursing home personnel. Include members of religious orders for whom dollar equivalents were reported.

	(1) 1988 Full-Time (35 hr/wk or more) On Payroll	(2) 1988 Part-Time (less than 35 hr/wk) On Payroll
a Administration:		
(1) Administrators and assistant administrators	_____	_____
b. Physician and dental services:		
(1) Physicians	_____	_____
(2) Medical residents/interns	_____	_____
(3) Dentists	_____	_____
(4) Dental residents/interns	_____	_____
c. Nursing services:		
(1) Registered nurses	_____	_____
(2) Licensed practical (vocational) nurses	_____	_____
(3) Ancillary nursing personnel	_____	_____
d. Physician's assistants	_____	_____
e. Nurse practitioners	_____	_____
f. Medical record services:		
(1) Medical record administrators	_____	_____
(2) Medical record technicians	_____	_____
g. Pharmacy:		
(1) Pharmacists, licensed	_____	_____
(2) Pharmacy technicians	_____	_____
h. Clinical laboratory services:		
(1) Medical technologists	_____	_____
(2) Other laboratory personnel	_____	_____
i. Dietary services:		
(1) Dietitians	_____	_____
(2) Dietetic technicians	_____	_____
j. Radiological services:		
(1) Radiographers (radiologic technologists)	_____	_____
(2) Radiation therapy technologists	_____	_____
(3) Nuclear medicine technologists	_____	_____
(4) Other radiologic personnel	_____	_____

G. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1988 (Continued)

Occupational therapists. Persons who evaluate the self-care, work, or leisure time and task performance skills of well and disabled patients of all age ranges. They plan and implement programs and social and interpersonal activities designed to restore, develop, and/or maintain the patient's ability to satisfactorily accomplish those daily living tasks required to his specific age and necessary to his particular occupational role adjustment

Occupational therapy assistants. Persons who work under the supervision of an occupational therapist in evaluating patients and planning and implementing programs and who are prepared to function independently when working with patients

Occupational therapy aids (or attendants). Persons who assist occupational therapists in administering medically oriented occupational programs to assist in rehabilitating patients in hospitals and similar institutions

Physical therapists. Therapists who use physical agents, biomechanical and neurophysiological principles, and assistive devices in relieving pain, restoring maximum function, and preventing disability following disease, injury, or loss of bodily part

Physical therapy assistants and aids. Persons who assist the physical therapist by assembling equipment, carrying out specified treatment programs, and helping with complex treatment procedures. Other duties include responsibility for the personal care of patients, safety precautions, and routine clerical and maintenance work.

Recreational therapists. Persons who plan, organize, and direct medically approved recreation programs such as sports, trips, dramatics, and arts and crafts, either to help patients in recovery from illness or in coping with a temporary or permanent disability. In pediatric setting, may be classified as child-life workers

Speech pathologists. Persons who diagnose and evaluate speech and language abilities and plan, direct, and conduct rehabilitative treatment programs to restore or develop communication skills

Audiologists. Persons who assess type and degree of hearing impairment and participate in aural rehabilitation programs that meet the needs of the individual patient

Respiratory therapists. Persons who specialize in the application of scientific knowledge and theory to practical, clinical problems of respiratory care. Knowledge and skills for performing these functions are usually achieved through two or more years of academic and clinical responsibility for all respiratory care modalities, including responsibilities involved in supervision of respiratory technician functions

Respiratory therapy technicians. Persons who specialize in the technical details of general respiratory therapeutics. The knowledge and skills of the technician are usually acquired through formal education programs of at least one year in length. They may assume clinical responsibility for specified respiratory care modalities involving the application of well-defined therapeutic techniques under the direct or indirect supervision of a therapist or physician

Psychologists. Persons with a doctoral degree in psychology from an American Psychological Association approved program in clinical psychology or a masters level psychologist who has obtained recognition of competency through the American Board of Examiners for professional psychology, state certification or licensing, or through endorsement by his or her state psychological association

Social workers. Persons who have completed a formal program of study providing preparation to identify and understand the social and emotional factors underlying a patient's illness and to communicate these factors to the health team. They assist patients and their families in understanding and accepting the treatment necessary to maximize medical benefits and in their adjustments to permanent and temporary effects of illness. They utilize resources, such as family and community agencies, in assisting patients to recovery

All other health professional and technical personnel. Persons not previously included who work in health occupations requiring special education and training to allow them to function in a health setting

All other personnel. Persons not previously counted. These include accounting, data processing, secretarial, and clerical; kitchen, laundry, housekeeping, and maintenance personnel; and so forth

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g. PERSONNEL ON PAYROLL AS OF SEPTEMBER 30, 1988 (Continued)

	(1) 1988 Full-Time (35 hr/wk or more) On Payroll	(2) 1988 Part-Time (less than 35 hr/wk) On Payroll
k Therapeutic services:		
(1) Occupational therapists	_____	_____
(2) Occupational therapy assistants and aides	_____	_____
(3) Physical therapists	_____	_____
(4) Physical therapy assistants and aides	_____	_____
(5) Recreational therapists	_____	_____
l Speech and hearing services:		
(1) Speech pathologists	_____	_____
(2) Audiologists	_____	_____
m Respiratory therapy services:		
(1) Respiratory therapists	_____	_____
(2) Respiratory therapy technicians	_____	_____
n Psychologists	_____	_____
o Social workers	_____	_____
p All other health professional and technical personnel	_____	_____
q All other personnel	_____	_____
r Total hospital personnel	_____	_____

2. TRAINEES ON PAYROLL

Report full-time and part-time trainees (personnel who have not met the minimum qualifications or completed the necessary requirements for certification) who were on the payroll as of SEPTEMBER 30, 1988, whose payroll expenses are reported in the F2a(1), and who were included in TOTAL HOSPITAL PERSONNEL (line G1r) and NURSING HOME PERSONNEL (line G3) Please do not include medical and dental residents

	1988 Full-Time (35 hr/wk or more)	1988 Part-Time (less than 35 hr/wk)
TOTAL OTHER TRAINEES (exclude medical and dental residents)	_____	_____

3. NURSING HOME PERSONNEL ON PAYROLL

Complete only if hospital has a separate nursing home-type unit/facility as reported in E2a. Report full-time and part-time nursing home personnel who were on the payroll as of September 30, 1988, and whose payroll expenses are reported in line F2a, column 3. If personnel is shared with the hospital, report personnel as part-time employees here and on lines a-r

	1988 Full-Time (35 hr/wk or more)	1988 Part-Time (less than 35 hr/wk)
TOTAL NURSING HOME PERSONNEL	_____	_____

4. TOTAL FACILITY PERSONNEL ON PAYROLL

Complete only if hospital has a separate nursing home-type unit/facility as reported in E2a. Report full-time and part-time hospital plus nursing home personnel who were on the payroll as of September 30, 1988, and whose payroll expenses are reported in line F2a, column 1

	1988 Full-Time (35 hr/wk or more)	1988 Part-Time (less than 35 hr/wk)
TOTAL FACILITY PERSONNEL (Hospital plus Nursing Home Unit/Facility)	_____	_____

5. 1988 TOTAL PAID MANHOURS

Please report TOTAL PAID MANHOURS for personnel reported on line G4 and for whom payroll expenses are reported in line F2a(3). Also, please report a separate breakdown of **TOTAL PAID MANHOURS for medical and dental residents/interns and trainees whose payroll expenses are included in line F2a.(1).** MANHOURS SHOULD BE REPORTED FOR THE ENTIRE REPORTING PERIOD. Include paid manhours for sick and vacation time

Medical and dental residents/interns and trainees Paid Manhours	_____
Total Personnel Paid Manhours	_____

**SECTION H
MEDICAL STAFF
Definitions**

H. MEI

Indic
follow

Active and associate. JCAHO categories of medical staff. Excludes those physicians in the following medical staff categories: courtesy, consulting, honorary, provisional, or other. Include all active and associate staff who are board certified

Board certified. Physicians who have passed an examination given by a medical specialty board and have been certified by that board as specialists. Do not include board-eligible physicians. For physicians certified by more than one board, please include only the primary certification board

1. Medical specialties

Pediatrics. Includes pediatrics, pediatric allergy, and pediatric cardiology.
Other medical specialties. Includes pulmonary diseases, nephrology, allergy, neurology and dermatology.

2. Surgical specialties

Other surgical specialties. Includes neurological surgery, otolaryngology, colon and rectal surgery, urology, head and neck surgery, traumatic surgery and pediatric surgery

3. Other specialties

Pathology. Includes anatomical and clinical pathology and forensic pathology.
Psychiatry. Includes child psychiatry.
Radiology. Includes diagnostic radiology and radiation oncology.
Other specialties. Includes aerospace medicine, occupational medicine, general preventive medicine and public health.

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H. MEDICAL STAFF

Indicate number of practitioners on ACTIVE and ASSOCIATE (do not include courtesy, consulting, honorary, provisional, or other) medical staff in the following specialty groups as of September 30, 1988. Do not report full-time equivalents. If exact numbers are unavailable, give your best estimates.

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s Do not
oard

surgery

Active and Associate Medical Staff

(1) Total (Include Board Certified)	(2) Board Certified
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1 MEDICAL SPECIALITIES

- a General & family practice _____
- b Internal medicine _____
- c Pediatrics _____
- d Cardiovascular disease _____
- e Gastroenterology _____
- f Oncology _____
- g Neurology _____
- h Other medical specialties _____

2 SURGICAL SPECIALITIES

- a Obstetrics & gynecology _____
- b Ophthalmology _____
- c Orthopedic surgery _____
- d Plastic surgery _____
- e General surgery _____
- f Thoracic surgery _____
- g Other surgical specialties _____

3 OTHER

- a Anesthesiology _____
- b Emergency medicine _____
- c Nuclear medicine _____
- d Pathology _____
- e Psychiatry _____
- f Physical medicine & rehabilitation _____
- g Radiology _____
- h Other specialties _____

1988 TOTAL _____

4 Does your hospital have a contractual arrangement with a physician who serves in a paid capacity (i.e., medical director or vice president for medical affairs) as liaison between hospital management and the medical staff?

YES NO

I. MEDICARE PROVIDER NUMBERS

The following information should pertain only to units within this facility that have received certification by the Health Care Financing Administration (HCFA). Please refer to your most recent Medicare cost report.

1 Please provide the Medicare provider number for your facility _____

2 If applicable, please indicate the Medicare subprovider number for each of the following designated distinct part unit service areas:

	Subprovider Number
a Rehabilitation	_____
b Psychiatric	_____
c Hospice	_____
d Alcoholism and other chemical dependency	_____
e Swing bed SNF	_____
f Hospital-based SNF	_____
g Other (Specify service _____)	_____

SUPPLEMENTAL INFORMATION

Use this space or an additional sheet if more space is required to elaborate on any of the information supplied on this survey. Refer to the response by page, section, and item name
